



Docket No.: 3449-0404PUS1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Valentin CHEREDNICK et al.

Application No.: 10/517,067

Confirmation No.: 8649

Filed: December 3, 2004

Art Unit: 2834

For: SINGLE CRYSTAL SUBSTRATE AND  
CUTTING METHOD THEREOF

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Examiner: M. O. Budd

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the Examiner's Office Action dated July 20, 2006, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

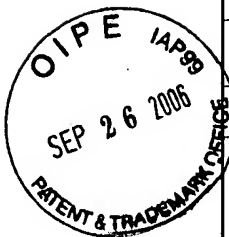
**This reply includes:**

**Amendments to the Abstract;**

**Amendments to the Claims; and**

**Remarks.**

IFW



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 3449-0404PUS1	
Application No. 10/517,067-Conf. #8649	Filing Date December 3, 2004	Examiner M. O. Budd	Art Unit 2834		
Applicant(s): Valentin CHEREDNICK et al.					
Invention: SINGLE CRYSTAL SUBSTRATE AND CUTTING METHOD THEREOF					
<b>MS Amendment</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	14	- 20 =	0	x 50.00	0.00
<b>Independent Claims</b>	8	- 8 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 James T. Eller, Jr. Attorney Reg. No.: 39538				Dated: <u>September 26, 2006</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					